Application Data Sheet

Application Information Application number:: Filing Date:: Regular Application Type:: Subject Matter:: Utility Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: UNIT DOSAGE FORMS FOR THE TREATMENT Title:: OF HERPES SIMPLEX 017380-000313US Attorney Docket Number:: Request for Early Publication:: No No Request for Non-Publication:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity?:: Yes Latin name:: Variety denomination name:: Petition included?:: No Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers One:: No Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kenneth

Middle Name:: T.

Family Name:: Richardson

Name Suffix::

City of Residence:: Anchorage

State or Province of Residence:: AK

Country of Residence: USUS

Street of Mailing Address:: 6411 Switzerland Drive

City of Mailing Address:: Anchorage

State or Province of mailing address:: AK

Country of mailing address::

Postal or Zip Code of mailing address:: 99516

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Don

Middle Name:: C.

Family Name:: Pearson

Name Suffix::

City of Residence:: Lakewood

State or Province of Residence:: WA

Country of Residence:: USUS

Street of Mailing Address:: 6708 Bridgeport Way West

City of Mailing Address:: Lakewood

State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98499

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Division of 10/209,432 07/30/02 This Application 10/209,432 Divisional of 09/828,323 04/05/01 09/828,323 Division of 09/396,019 09/15/99 Non-Provisional of 60/101,308 09/21/98 09/396,019

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: ChronoRx, LLC

Street of mailing address:: Box 112207
City of mailing address:: Anchorage

State or Province of mailing address:: Alaska

Country of mailing address:: US

Postal or Zip Code of mailing address:: 99511